POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	LW	68904	9/3/00
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		OSirts	4/28/00

INDEX OF CLAIMS

✔	.... Rejected		N	.... Non-elected
=	.... Allowed		I	.... Interference
−	(Through numeral)... Canceled		A	.... Appeal
÷	.... Restricted		O	.... Objected

Claim (Final / Original)	Date									
1 / 1	✓	=	=	✓						
2 / 2	✓	=	=	✓						
3 / 3	=	≠	≠	✓						
4 / 4	✓	≠	≠	✓						
5 / 5	=	≠	≠	✓						
6 / 6	✓	≠	≠	✓						
7 / 7	✓	≠	≠	✓						
8 / 8	✓	≠	≠	✓						
9 / 9	✓	≠	≠	✓						
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Claim (Final / Original)	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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